



*Waitematā*  
District Health Board

**Best Care for Everyone**

## **Consumer Council**

**Wednesday**

**16 June 2021**

**2:00pm – 4:00pm**

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### **VENUE**

**Kawakawa Room, Lower Ground Floor  
Waitakere Hospital**

## CONSUMER COUNCIL

### 16 June 2021

Venue: Kawakawa Room, Lower Ground Floor, Waitakere Hospital

Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u>            DJ Adams (Consumer Council Chair)            Neli Alo            Samuel Cho            Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)            Lorelle George            Insik Kim            Ngozi Penson            Jeremiah Ramos            Ravi Reddy            Kaeti Rigarlsford            Lorraine Symons (Te Whānau o Waipareira)            Vivien Verheijen            Hannah Bjerga (Student Representative)            Eden Li (Student Representative)</p>	<p><u>Ex-officio - Waitematā DHB staff members</u>            Dr Dale Bramley – Chief Executive Officer            David Price – Director of Patient Experience</p> <p><u>Other Waitematā DHB Staff members</u>            Ivana Nakarada-Kordic – Design Specialist            Cassie Khoo – Design Fellow</p>
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#### **APOLOGIES:**

#### **AGENDA**

##### **Disclosure of Interests** (see page 5 for guidance)

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

#### **KARAKIA**

#### **WELCOME**

<b>1. AGENDA ORDER AND TIMING</b>	
<b>2. CONFIRMATION OF MINUTES</b>	
2:05pm	2.1 <a href="#">Confirmation of the Minutes of Meeting (05/05/21)</a> <a href="#">Actions Arising from Previous Meeting</a>
<b>3. DISCUSSIONS</b>	
2:10pm	3.1 <a href="#">Emergency Department Journey map</a>
2:40pm	3.2 Consumer Council Membership
3:10pm	- Break
<b>4. INFORMATION ITEMS</b>	
3:20pm	4.1 <a href="#">Patient Experience Report</a>
	4.2 <a href="#">Comfort Care Packs</a>
	4.3 <a href="#">Recommendations Tracker Update</a>
<b>5. ANY OTHER BUSINESS</b>	
3:50pm	5.1 Community concerns
3:55pm	5.2 Agenda for future meeting

**Waitematā District Health Board  
Consumer Council  
Member Attendance Schedule 2020-2021**

NAME	Jul 2020	Sep 2020	Oct 2020	Nov 2020	Feb 2021	Mar 2021	May 2021	June 2021
DJ Adams (Chair)	*	✓	✓	✓	✓	✓	✓	
Neli Alo	✓	✓	✓	✓	*	✓	✓	
Samuel Cho								
Alexa Forrest-Pain		✓	✓	*	✓	✓	✓	
Lorelle George	✓	✓	✓	✓	✓	✓	✓	
Insik Kim	✓	✓	✓	✓	✓	✓	✓	
Ngozi Penson	✓	✓	✓	✓	*	✓	✓	
Jeremiah Ramos	✓	✓	✓	✓	*	✓	✓	
Ravi Reddy	*	✓	✓	✓	✓	✓	✓	
Kaeti Rigarsford	✓	*	✓	✓	✓	✓	✓	
Lorraine Symons	✓	✓	*	✓	✓	*	*	
Vivien Verheijen	✓	✓	✓	✓	✓	✓	✓	
+Dale Bramley	*	✓	✓	✓	✓	✓	*	
+David Price	✓	✓	✓	✓	✓	✓	✓	
Hannah Bjerga (Student representative)						✓		
Eden Li (Student representative)							✓	

- ✓ *attended*
- \* *apologies*
- \* *attended part of the meeting only*
- ^ *leave of absence*
- + *ex-officio member*

**WAITEMATĀ DISTRICT HEALTH BOARD  
CONSUMER COUNCIL**

**REGISTER OF INTERESTS**

<b>Board/Committee Member</b>	<b>Involvements with other organisations</b>	<b>Last Updated</b>
DJ Adams (Chair)	Member, Health Quality and Safety Commission Consumer Network	25/11/20
Neli Alo	No declared interest	24/09/19
Samuel Cho	To be advised	
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	17/03/21
Lorelle George	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	07/05/21
Insik Kim	No declared interest	03/07/19
Ngozi Penson	Member, Metro Auckland Clinical Governance Forum Board member Mata of Hope NZ Member, Ethnic Advisory Group (EAG), English Language Partners	20/04/21
Jeremiah Ramos	No declared interest	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	No declared interest	03/07/19
Lorraine Symons - Busby	MOU Liaison – Waipareira Trust	24/09/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA)	31/08/20
Hannah Bjerga (Student Representative)	To be advised	
Eden Li (Student Representative)	No declared interest	22/04/21

## Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned. Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

### IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

*Note: This sheet provides summary information only.*

## **2. CONFIRMATION OF MINUTES**

- 2.1 Confirmation of the Minutes of Meeting 05/05/21  
Actions Arising from Previous Meeting

**DRAFT Minutes of the meeting of the Consumer Council  
of the Waitematā District Health Board**

**Wednesday, 05 May 2021**

held at the Waitematā Room, Level 2 Whenua Pupuke Clinical Skills Centre  
North Shore Hospital Campus and by video conference  
commencing at 2.02pm

**CONSUMER COUNCIL MEMBERS PRESENT:**

David Lui (Chair)  
DJ Adams (Deputy Chair) (Ngati Maniapoto, Ngati Kahungunu)  
Neli Alo  
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)  
Lorelle George  
Insik Kim  
Ngozi Penson  
Jeremiah Ramos  
Ravi Reddy  
Kaeti Rigarlsford  
Vivien Verheijen  
Eden Li

**ALSO PRESENT:**

Prof Judy McGregor (Board Chair) – present by video conference until 3.32 pm  
Warren Flaunty (Board Member)  
Dr Dale Bramley (Chief Executive) – present by video conference  
David Price (Director of Patient Experience)  
Deanne Manuel (Committee Secretary)  
(Staff members who attended for a particular item are named at the start of the minute for that item.)

**KARAKIA**

DJ Adams opened the meeting with a Karakia.

**APOLOGIES:**

Late apologies were received and accepted from Lorraine Symons. The Chair advised that Dr Dale Bramley will be joining the meeting for agenda item 4.4 only.

**WELCOME:**

The Consumer Council Chair welcomed everyone to the meeting. Introductions were made to welcome Eden Li to his first Consumer Council meeting.

**DISCLOSURE OF INTERESTS**

There were no other interests declared that might involve a conflict of interest with an item on the agenda.

## **1 AGENDA ORDER AND TIMING**

Items were discussed in same order as listed in the agenda except for Item 4.4 which was discussed after Item 4.2.

## **2 CONFIRMATION OF MINUTES**

### **2.1 Confirmation of Minutes of the Consumer Council Meeting held on 17 March 2021** (Agenda pages 7-11)

**Resolution** (Moved DJ Adams/Seconded Ravi Reddy)

**That the Minutes of the Consumer Council Meeting held on 17 March 2021 be approved.**

**Carried**

Actions arising from previous meetings (Agenda page 12)

The updates listed were noted and no issues were raised.

## **3 CHAIR'S UPDATE**

David Lui (Consumer Council Chair) advised the group of his recent appointment to the Board of Waitematā DHB. He advised that he will be stepping down from his Consumer Council role and assured the group of an on-going close relationship through his membership with the Board. The group congratulated him on his appointment and supported the appointment of DJ Adams as the new Chair of the Consumer Council.

**Resolution** (Moved David Lui/Seconded Ngozi Penson)

**That DJ Adams is appointed as Chair of the Consumer Council of the Waitematā District Health Board.**

**Carried**

## **4 DISCUSSIONS and UPDATE ITEMS**

### **4.1 COVID-19 Vaccination Programme** (verbal update)

David Resoli (Incident Controller, COVID-19 Incident Management Team (IMT)) was present for the item. He provided an update on the roll-out of the COVID-19 vaccination programme within the Waitematā catchment area.

Matters covered in the discussion and response to questions included:

- Roll-out of vaccines is Ministry of Health (MOH)-led and follows a staged approach to protect those most at risk of catching COVID-19 in their workplace.
- The Pfizer COVID-19 vaccine is delivered in two doses; the MOH or MedSafe will provide advice if there is a need for "booster doses" in the future.



- Community vaccination centres organised in partnership with community providers and partners will be opening over the coming days. The centres are in accessible locations to encourage access by priority populations. There is work underway with key community groups to engage and encourage people to get the vaccine.
- Noting the handling and logistics required for the vaccine, adhering to a booking system minimises wastage as the centre knows how many people are expected to turn-up. Discussions on the best approach for the roll-out of vaccines covering the Rodney areas are well underway. This could be through a group of GP practices when a community vaccination centre approach is not feasible. There are currently no plans for a school-based vaccination centre.

The group commended and acknowledged the efforts of the team and thanked David for his time.

#### **4.2 Waitakere Hospital Master Site Planning (presentation)**

Maggie Broome (Project Manager/Change Lead) was present for the item and provided a presentation on the Waitakere Master Planning project.

Matters covered in the discussion and response to questions included:

- A \$40m funding package to build a new 30-bed inpatient ward at Waitakere Hospital was recently announced.
- Noting that the project is in line with previous work on the Northern Region Long Term Investment Plan (NRLTIP); increasing the capacity and capability of the hospital will be a phased development; the conceptual design considered aspirations from DHB project team, experts and user group workshops and are currently being refined.
- The lack of consumer voice and consultations in the development of the conceptual design were noted. The group noted the great value in involving consumer voice at the beginning of the project to secure 'buy-in' and support, community engagement, identify gaps and ensure a 'cultural lens' is considered. This approach is aligned with the 'people-centred' future of the health and disability system and a policy to consider consumer input on the onset of every capital and facilities project was recommended. The Board Chair and Consumer Council Chair will discuss the best approach to progress this recommendation.

The Chair (DJ Adams) and the group thanked Maggie for her time.

#### **4.3 Lung Cancer Screening: Update to Consumer Council (Agenda pages 14-15)**

This was discussed after item 4.4

Dr Kate Parker (Manager, Lung Cancer Screening Research) was present for this item and provided a presentation on the development of the Lung Cancer Screening Research Programme 'Te Oranga Pūkahu' aimed to determine how best to implement lung cancer screening that works for Māori and reduces the equity gap.

Matters covered in the discussion and response to questions included:

- The work with the Māori consumer group 'Te Hā Kotahi' and linkages of the project with Māori leadership, academics and primary care was highlighted.

- The equity readiness assessment tool developed by Professor Sue Crengle of the Department of Preventive and Social Medicine University of Otago is in its early stages and is planned to be utilised in Phase 2 of the Implementation Science Research.
- It was noted that a wider lung cancer screening in the United States and Europe has improved mortality in high risk groups. Noting the incidence and mortality rates, the lung cancer screening pilot study will employ a risk assessment process with weighting applied for patient's ethnicity. A link between colonisation and high smoking rates of indigenous population have been seen in other countries.
- Noting that contribution of tobacco and smoking on lung cancer rates and the socio-economic factors, a comprehensive strategy to address the cause was highlighted. A range of strategies are in place including smoking cessation and access to therapies and the impact of these will take years to be seen. While e-cigarettes have a role to play in smoking cessation, recreational use is not advocated.
- Noting that attitude of people could also impact attending screening sessions as it could lead to feelings of shame and judgement, a look into the messaging and communication was recommended.

The Chair (DJ Adams) and the group thanked Kate for her time.

#### **4.4 Health Sector Reform**

This item was discussed after Item 4.2

Dr Dale Bramley (Chief Executive) joined the meeting by video conference and provided the update to the group on the rationale to transform the health and disability system and how the system is envisioned in the future.

Matters covered in the discussion and response to questions included:

- The reform will transform the health and disability system through creation of a national public health service, strengthen public health response through a public health agency and work in true partnership with Māori through the Māori Health Authority. Noting that the DHBs will formally be dissolved by 30 June 2022, details are being worked out by the transitional authorities. Hospital and services will run as business as usual and committed to safe and quality service delivery.
- It was noted that the impact of the structure on the roles of the DHBs' Consumer Councils are not yet known. The work of the Health Quality and Safety Commission (HQSC) will continue and may include new responsibilities relating to consumer engagement but this is not yet clear.
- The group noted the importance of consumer voice and representation in the new system and resolved that a recommendation from the Waitematā DHB Consumer Council be made to the Minister of Health to consider a regional consumer representation and participation to strengthen consumer voice in the new health and disability system.

**Resolution** (Moved DJ Adams/Seconded Lorelle George)

**That a recommendation be made to the Minister of Health to consider a regional consumer representation and participation to strengthen consumer voice in the new health and disability system.**

## Carried

The group adjourned for a short break from 3.32 to 3.43pm

Prof Judy McGregor, Dr Dale Bramley and Warren Flaunty retired from the meeting at 3.34pm.

## **5 INFORMATION ITEM**

A combined discussion was made for Items 5.1 and 5.2

### **5.1 Patient Experience Report** (Agenda pages 17-18)

### **5.2 Māori and Whānau Patient Experience Update** (Agenda pages 19-22)

The group acknowledged the work undertaken by Allanah Winiata Kelly (Māori Patient and Whānau Experience Lead).

Matters covered in the discussion and response to questions included:

- Recruitment for the Community Engagement advisor has been unsuccessful and is currently on hold in view of the health sector reform.
- Impact of the mural installation at Waitakere hospital on wellbeing and patient experience was highlighted and efforts of staff were acknowledged by the group. A suggestion to include quotes and other imagery and symbols relating to health was made.
- The self-assessment to the Quality Safety Markers has been submitted to the HQSC. Feedback is expected by June this year and an update will be provided to the group once received.

Neli Alo retired from the meeting at 4.05pm

## **6 OTHER BUSINESS**

No item of general business was discussed.

The Chair advised the group to email suggested topics and community concerns if any.

The Chair thanked the members and attendees for their time.

The meeting closed with a Karakia led by David Lui.

The meeting adjourned at 4.21pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 05 MAY 2021.

\_\_\_\_\_  
CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE  
CONSUMER COUNCIL AS AT 8 JUNE 2021**

<b>Meeting Date/ Minutes ref.</b>	<b>Topic</b>	<b>Person responsible</b>	<b>Action / Status</b>
	nil		

### **3. DISCUSSION ITEMS**

- 3.1 Emergency Department Journey map
- 3.2 Consumer Council Membership (verbal)

### 3.1 Emergency Department (ED) Journey Map

The recommendation is to:

- a) Review emergency department journey map
- b) Discuss with the project group to ensure message of journey map is clear

The Emergency Department is often a place of great stress for many patients and their whānau in seeking emergency treatment. There is often feedback provided by our patients that they wait for long periods in the waiting area, that patients that came in later than them are seen earlier and often ask how the Emergency Department prioritise patient care.

The project group who designed the emergency department journey map are seeking your advice on whether the journey map presented would support a patient's understanding of the Emergency Department process. They are also seeking any recommendations to improve the current design and support discussions with patients who are concerned with waiting times and how care is prioritised/triaged in the Emergency Department.

It is anticipated that the journey map will be placed in the waiting rooms of North Shore and Waitakere Hospital Emergency Departments.

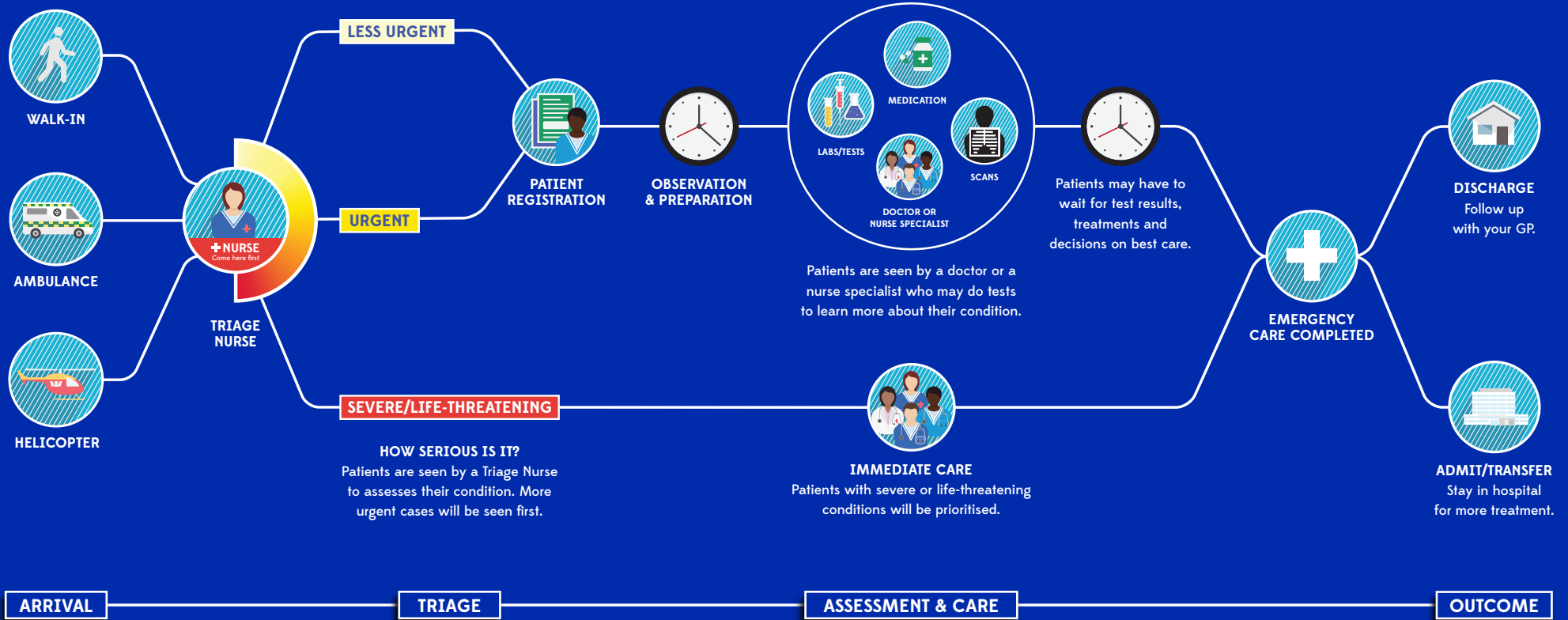
#### Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Dr Cecilia Rademeyer	Emergency Medicine Specialist		✓
Ivana Nakarada-Kordic	Human-Centred Design Specialist		
Imogen Evans	Fellow		
Cassie Khoo	Design Fellow		
Johanne Egan	Clinical Lead People & Culture		

Attachment: ED Journey Map

# PATIENT AND WHĀNAU JOURNEY

Sharing how we care for patients and their whānau (families).



## 4.1 Patient Experience Report

### 1.0 National Inpatient Survey

A summary of the specific performance measures from the February 2021 National Patient Survey is presented below. Patients who were emailed the survey were discharged from Waitematā DHB hospitals from February 1<sup>st</sup> to February 14<sup>th</sup>. Waitematā DHB recorded 780 responses in which 50 responses were from Māori patients and 29 were from Pacific patients.

#### Highest performing results for Waitematā DHB

The table below shows the highest performing questions for Waitematā DHB in February 2021. Click on the question title to see more details on specific questions.

▲ Low sample size

Question [Click on a question to see more detail](#)

		Overall	C.I.	n	
Patient did NOT identify perceived unfair treatment	Feb 2021	91.8%	(89.7%-93.9%)	656	
Patient definitely treated with respect by other members of health care team.	Feb 2021	90.6%	(88.5%-92.7%)	716	
Patient definitely treated with respect by nurses.	Feb 2021	90.6%	(88.5%-92.7%)	742	
Before the operation(s), staff definitely helped patient to understand what would happen and what to expect.	Feb 2021	89.5%	(86.2%-92.8%)	325	
Patient definitely treated with kindness and understanding by nurses whilst in hospital.	Feb 2021	89.4%	(87.2%-91.6%)	747	
Patient definitely treated with respect by doctors.	Feb 2021	89.2%	(87.0%-91.4%)	738	

#### Lowest performing results for Waitematā DHB

The table below shows the lowest performing questions for Waitematā DHB in February 2021.

▲ Low sample size

Question [Click on a question to see more detail](#)

		Overall	C.I.	n	
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	Feb 2021	63.4%	(59.4%-67.4%)	563	
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	Feb 2021	64.0%	(60.0%-68.0%)	564	
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	Feb 2021	68.5%	(65.2%-71.8%)	739	
Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.	Feb 2021	72.2%	(69.0%-75.4%)	748	
Patient always involved as much as wanted to be in made decisions about treatment and care.	Feb 2021	73.7%	(70.6%-76.8%)	763	

A summary of results where there is significant low differences when comparing Māori with non-Māori respondents is below.



There were no questions in which Māori results for Waitematā DHB were significantly higher than the non-Māori, non-Pacific results.

Questions in which Māori results for Waitematā DHB were significantly lower than the non-Māori, non-Pacific results.

▲ Low sample size

Question [Click on a question to see more detail](#)

		Overall	C.I.	n
Patient did NOT identify perceived unfair treatment	Feb 2021 Māori	75.6%	(63.0%-88.2%)	45
	Non-Māori, non-Pacific	93.0%	(90.9%-95.1%)	587
Patient definitely treated with kindness and understanding by doctors whilst in hospital.	Feb 2021 Māori	76.0%	(64.2%-87.8%)	50
	Non-Māori, non-Pacific	86.3%	(83.7%-88.9%)	665
Hospital rooms or wards (including bathrooms) were always kept clean.	Feb 2021 Māori	69.2%	(56.7%-81.7%)	52
	Non-Māori, non-Pacific	83.0%	(80.2%-85.8%)	677
Hospital staff always helped patient to get to the bathroom or to use a bedpan as soon as desired.	Feb 2021 Māori	64.7%	(48.6%-80.8%)	34
	Non-Māori, non-Pacific	79.7%	(75.8%-83.6%)	414
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	Feb 2021 Māori	43.5%	(29.2%-57.8%)	46
	Non-Māori, non-Pacific	65.7%	(61.5%-69.9%)	495

## 2.0 Friends and Family Test

### 2.1 Friends & Family Test Overall Results – Adult Survey

In April the Net Promoter Score (NPS) was 77 with feedback from 896 people. The NPS score is on a par with the previous month however the response rate has fallen 26% from 1217 responses in March. 'Welcoming and friendly' and 'treated with compassion' are our highest performers achieving 85 and 83 respectively, followed closely by 'listened to' achieving 81. The areas most in need of improvement are 'explaining things in a way the patient understands' and 'involving patients/whanau in decision making', achieving scores of 70 and 72 respectively.

#### 2.1.1 Friends & Family Test Overall Results

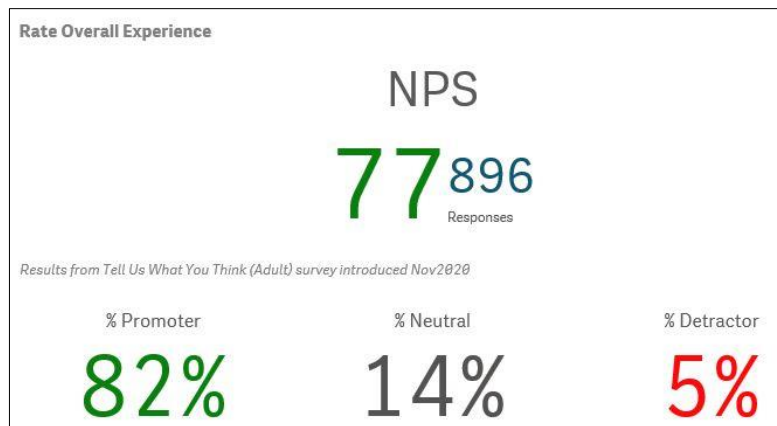
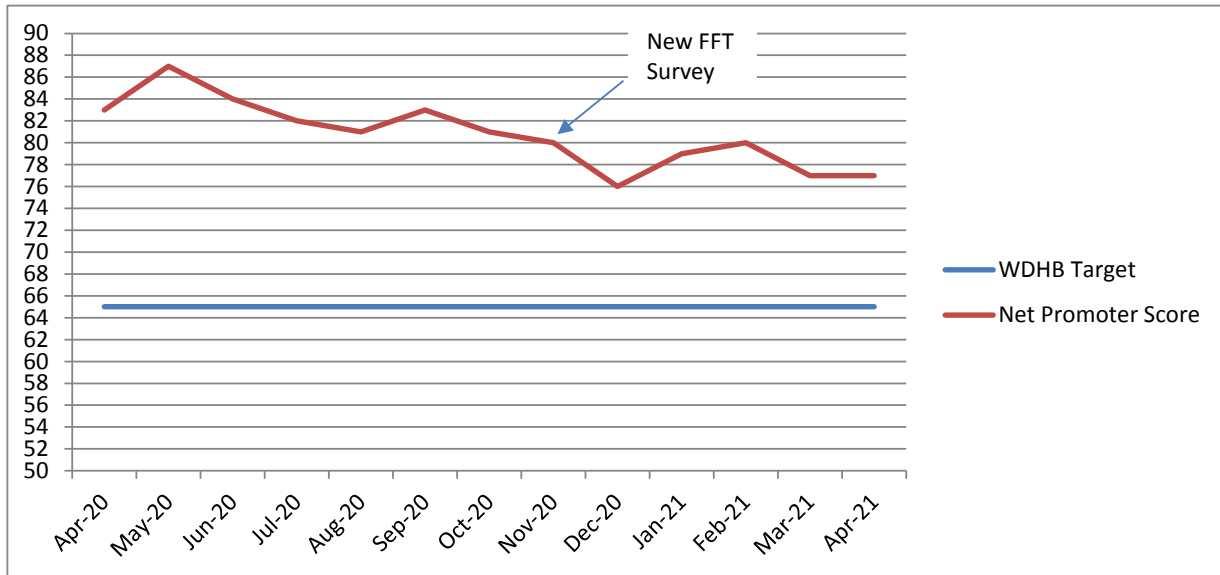


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service							
Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood
<b>Totals</b>	<b>896</b>	<b>77</b>	<b>85</b>	<b>81</b>	<b>83</b>	<b>72</b>	<b>70</b>
Apr-2021	896	77	85	81	83	72	70

Table 1: Waitematā DHB overall FFT results



**Graph 1:** Waitemata DHB Net Promoter Score over time

**2.1.2 Total Responses and NPS to Friends and Family Test by ethnicity**

April 2021	NZ European	Māori	Asian	Pacific	Other/ European
Responses	536	61	89	61	149
NPS	76	87	73	75	76

**Table 2:** NPS by ethnicity

In April, all ethnicities met the Waitemata DHB NPS target and score 65 and above. Maori achieved the highest NPS score of 87.

April 2021	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	84	91	82	81	88
I was listened to	81	84	85	70	83
I was treated with compassion	84	91	77	75	83
I was involved in decision making	69	79	71	75	79
My condition/treatment was explained in a way that I understood	70	77	67	75	66

**Table 3:** NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. The highest NPS score was for ‘welcoming and friendly’ and ‘treated with compassion’ with both achieving scores of 91 from Maori. The lowest performing measures for nearly all ethnicities are ‘condition/treatment explained in a way that was understood’ and ‘involvement in decision making’.

**3.0 Māori Patient & Whānau Experience Lead Highlight**

**Māori and Pacific Equity in Outpatients Project**

The project comes from the Ministry of Health sustainability funding work-stream. The main goal is to reduce DNA’s (Did Not Attend). Due to the deficit labelling and assumptions this term places on our whānau, it has been recommended to start the project by using the term “Non-Completion of Service” in its place.

Key tests of change include the following:

- Intentional wording in patient appointment letters to invite and share how they can change their appointments if required.
- Ensuring accessibility/ availability of a bookings team member to our reception spaces to support appointment changes where possible and immediately for whānau.
- Introduction of the concept of a “Care Coach” – a position that supports coaching teams on how to host, receive and support whānau when they come to service – and works with whānau on how to make the most and understand their appointments.
- Intentional reflection on our patient spaces in outpatient clinic areas and ensuring that our spaces support whānau comfort when coming for appointments and positively influence the interactions of staff members with each other and whānau.

## 4.2 Comfort Pack Project Summary

The recommendation is to:

Review comfort pack project summary for noting.

End of life care is an emotional time for all involved, from patients and their whānau, to healthcare professionals. Additional care and compassion is needed to support patients and their grieving whānau during this difficult time. An initiative to enhance the experience is to offer patients and whānau a Comfort Care Pack containing essential items for both the patient and their carers to support their needs. The name “Comfort Care Packs” aligns with terminology commonly used by clinicians in end of life care - ‘to focus on a patient’s comfort’ or ‘aim to keep them comfortable’. The language is deemed respectful and gentle, appropriate for this stage of life.

With support from Well Foundation and Waitakere Hospital Auxiliary, a total of 41 Comfort Care Packs were trialled on medical wards in Waitakere Hospital for three months from February to May 2021. Staff on these wards offered a pack to patients and their whānau when they identified deterioration in a patient’s condition.

The following items were included in the Comfort Care Packs:

**Toiletries:** Toothpaste, toothbrush, tissues, wipes, lip balm, hand cream

**General items:** Notepad, pen, puzzle book, eye masks, ear plugs

**Food (Kai):** Juice, biscuits, crackers, noodles, chocolate, mints

To honour Māori tikanga it was suggested that the food items and the toiletries should be separated. For this reason a brown paper bag was used for food/kai and a blue paper bag was used for general items and toiletries.

The bags were sealed with culturally and emotionally sensitive branded stickers which incorporated white lilies and soft, muted colours to easily identify the packs. The sticker also incorporated an area for the Waitakere Hospital Auxiliary team to sign their name to signify who assembled the pack, providing both a personal touch and recognition for the work that the Hospital Auxiliary put into the project.



**Photo:** Hospital Auxiliary Team

The Comfort Care Packs is a highly cost-effective, patient experience enhancing intervention.

### **Feedback**

The feedback from staff and whānau has been overwhelmingly positive. All indicated that the initiative is thoughtful, kind and generous, and plays an important role in anticipating patient and whanau needs at what is a very stressful and difficult time. The packs have exceeded expectations and show that our organisation cares.

#### **Staff feedback**

*"The family looked relieved that there was some additional support."*

*"The whānau thought it was a good gesture."*

*"Whānau were very receptive, they were at the bedside constantly."*

*"Thankful and appreciative and happy."*

*"I like the inclusion of the toiletries and puzzle book as often whānau aren't prepared for an overnight stay."*

*"Sometimes we don't have toothpaste on the ward so having that included really helps."*

#### **Whānau feedback**

*"It actually was very helpful because my father was dying, and I didn't want to leave him. I said to my husband 'wow this is a great idea'."*

*"I'm grateful and thankful for the items in the pack. Good idea and very helpful."*

*"I think you should definitely offer it to others, it's a good idea and our family found it very helpful."*

*"Until I could get away, I could snack on things and at least keep myself going."*

*"It was beautiful, and I really appreciate the gesture, it was lovely."*

*"I thought the packs were really good and not having things like a toothbrush or toiletries with me, it was so helpful."*

*"Everything in the pack was great."*

#### **Next steps**

##### **Waitakere Hospital**

Patient Experience team will oversee the Comfort Care Pack project. Waitakere Hospital Auxiliary and Well Foundation will continue to fund the items in the packs using proceeds from the Waitakere Hospital shop. Waitakere Hospital Auxiliary will prepare the packs, manage stock and distribute the packs to the wards.

##### **North Shore Hospital**

Patient Experience team will work with the North Shore Hospital Auxiliary team to trial the Comfort Care Packs in wards at North Shore Hospital. As the North Shore Hospital Auxiliary team does not have an income stream, Patient Experience will support the initiative to start with and work through ongoing funding options if the trial is successful.

#### **Contacts for further discussion (if required)**

<b>Name</b>	<b>Position</b>	<b>Telephone</b>	<b>Suggested first contact</b>
<b>Ravina Patel</b>	<b>Experience &amp; Insights Lead</b>		✓

### **4.3 Information Item: Recommendations Follow-up List**

Updates on the recommendations from the Consumer Council up to meeting of March 2021 are attached.

**Waitematā District Health Board Consumer Council  
Recommendations Tracker**

Item #	Meeting Date	Agenda Item/Discussion	Responsible Officer	Expected Report Back	Update
1	14 August 2019	<p>Informed Consent</p> <ul style="list-style-type: none"> <li>Reviewing the process and timing of providing consent forms, noting that some patients will appreciate more time given, to consider their options</li> <li>Format should include Braille, a version printed in native language and considering religious and cultural context</li> <li>Members also noted the importance of having a level of support provided to the patients/family/care partners/whānau particularly for those who do not have the capacity to make decisions on their own such as the case for patients with learning disability. One suggestion was that this support can be provided by a social worker or any other personnel.</li> <li>Further detail of the feedback were provided in attachments to minutes</li> </ul>	<p>Lisa Sue Sue French Cassie Khoo</p>		<p>An update on the process and sample information materials for Gynaecology Patient information was provided at the meeting 17/03/2021. Similar approach will be rolled out to other services. Please also refer to item #13 and 21</p>
2	25 September 2019	<p>Informed Consent Process</p> <ul style="list-style-type: none"> <li>The informed consent form is perceived by many as a “cover” in case something goes wrong in the procedure. This is potentially because of the lack of understanding on the purpose of the form which is to provide information for the patient.</li> <li>There is also an impression that the informed consent form is a “contract” that the patient has no option but to accept. This also contributes to the impression that the patient will not be able to complain when something goes wrong.</li> <li>It was suggested that the following are considered: <ul style="list-style-type: none"> <li>The purpose of the form should be indicated and it should also be made clear that the form does not limit the patient to lay a complaint.</li> </ul> </li> </ul>	<p>Dr. Michael Rodgers Dr Jonathan Christiansen</p>		<p>The new Agreement to Treatment/Informed Consent form has been implemented. See item #13</p>



		<ul style="list-style-type: none"> <li>- When an opportunity is available, the form should be provided in advance, to give more time to the patient and their whānau to consider options.</li> <li>- Provide education to the clinicians in terms of the manner of delivering the information to the patient. This will include providing information in a calm manner, acknowledging that the patient is nervous, building rapport and trust with the patient, ensuring competency of interpreters, considering the cultural appropriateness of delivering information to family members, carers, support persons or whānau while also complying with the legal requirements of obtaining consent.</li> <li>- Consider providing information on videos or ipads</li> <li>- Include the form in information booklets provided to patients</li> <li>- Include a Frequently Asked Questions (FAQs) to accompany the form</li> </ul>			
3	25 September 2019	<p>Consumer Engagement Quality System Marker (QSM) Framework</p> <ul style="list-style-type: none"> <li>• Language of the framework should be simplified or be made “user-friendly” for patients and the public, particularly from the point of view of whānau members.</li> <li>• An introduction on the purpose of the QSM as well as inclusion of a glossary or definition of terms and acronyms will provide additional information.</li> <li>• Consider the QSM framework to be in line with Te Whare Tapa Whā (Māori Model of Health)</li> <li>• To include a linkage or alignment with the Treaty of Waitangi as the treaty applies to everyone in the community.</li> </ul>	David Price	Completed	Update provided on the Consumer Council agenda of 17.03.21 QSM markers, scores and evidence were endorsed by the Consumer Council.
4	25 September 2019	<p>Patient Experience Report</p> <ul style="list-style-type: none"> <li>• The council requested that an update is provided to them with respect to the corrective actions taken to address comments on the form received by the DHB and to be included as part of the patient experience report.</li> <li>• It was suggested to consider providing incentives to patients</li> </ul>	David Price	Completed	Changes to the Friends and Family Test (FFT) survey process and the net promoter score (NPS) to further reflect what is important to patients and whānau has been implemented.

		or family members completing surveys to increase uptake.			There are on-going improvements to the process including an automatic survey that will be emailed to patients to further increase uptake. An update will be provided to the Consumer Council when ready.
5	25 September 2019	<p>Korero Mai Programme</p> <ul style="list-style-type: none"> <li>Consider the placement of posters in all areas such as placement of posters at each bedside for all areas/wards of the hospital as well as printing smaller version (A5 size leaflets) of the poster to be put on food trays.</li> <li>Consider other options for distributing information such as providing the leaflets through social workers or flashing the poster when logging-in to the hospital Wi-Fi.</li> <li>Consider including Korero Mai as part of the information being provided to the patients or whānau when they are orientated to their wards.</li> <li>More education to be provided to the staff about the service.</li> </ul>	David Price		<ul style="list-style-type: none"> <li>Meal tray mats are being used fortnightly to promote the service and a design for each ward entrance with the kōrero mai information has been drafted. Ward 14 has the 1<sup>st</sup> decal in place – currently evaluating impact. Decals are also being considered for our lifts. Awaiting approval from to progress.</li> <li>Wifi option has been explored – however as it is a shared landing page with four other DHBs unable to pursue.</li> <li>Education with staff in various forums has also progressed.</li> </ul>
6	6 November 2019	<p>Patient Deterioration Programme – Shared Goals of Care</p> <p>The members were asked to provide feedback on how to achieve effective conversations, involving families, the type of support to be provided and having patient-centred care.</p> <p>Timeliness and environment</p> <ul style="list-style-type: none"> <li>Members suggested that clinicians consider the timeliness of the goals of care discussion noting that conversation should be on-going and reviewed regularly with the patient and whānau.</li> <li>Patient should also be provided with options and ‘if and then’</li> </ul>	Jeannette Bell		<p>The Shared Goals of Care will be presented to the Executive Leadership Team for approval as part of a larger programme of work on End of Life Care.</p> <p>Nationally, Shared Goals of Care is now being rolled with the support of the Health Quality Safety Commission. This includes a national ‘Shared Goals of a Care form’,</p>

		<p>scenarios. Clinicians should also recognise the pace of the conversation and taking care not to provide them with too much information. Patients are usually overwhelmed and need time to think and/or consult with their loved ones.</p> <ul style="list-style-type: none"> <li>• The physical space and environment where these conversations are held are also important. These conversations should be discussed where there is enough privacy.</li> </ul> <p>Cultural competency</p> <ul style="list-style-type: none"> <li>• Clinicians should recognise the cultural context of each patient. Some patients will prefer to nominate key decision maker, a family member, Chief/Kaumatua or a support person to assist in the decision making.</li> <li>• Approach each case without assumptions as each family and situation is different.</li> <li>• Cultural context also recognises that language can become a barrier as such the use of interpreters would be vital to ensure the patient and whānau have clear understanding.</li> </ul> <p>Patient-centred</p> <ul style="list-style-type: none"> <li>• The chair commented that it is important that these discussions are anchored on trust as such having an open, honest and transparent conversation will influence the outcome of the discussion. He highlighted that patients can recognise sincerity and the manner in which these messages are conveyed should be considered.</li> <li>• It was also highlighted that there should be recognition of the patient's capacity to decide for themselves as a priority. This is particular for older patients and for patients with disabilities, in that while they may have some limited capacities, most patients are still fully capable and are able to decide their 'goals of care' than welfare guardians or persons holding power of attorney.</li> <li>• Members also shared their personal experiences wherein 'respect' was lost during discussion with patients. There is a</li> </ul>			<p>national 'Shared Goals of Care principles', and access to Serious Illness conversation training for staff. The national Shared goals of care principles that we contributed to last year are now available online:</p> <p><a href="https://www.hqsc.govt.nz/our-programmes/patient-deterioration/publications-and-resources/publication/4284/">https://www.hqsc.govt.nz/our-programmes/patient-deterioration/publications-and-resources/publication/4284/</a></p> <p>With reference to the 'Understanding resuscitation status' brochure, a national steering group is underway to develop up national resources for talking to people about resuscitation. These resources will be made available later in the year.</p>
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		<p>need to keep ‘humanity’ in the conversation by learning more about the patient, their background, their beliefs and hence to treat them with compassion.</p> <ul style="list-style-type: none"> <li>• Rights of the patient should be embedded during the conversation.</li> </ul> <p>‘Understanding Resuscitation Status’ Brochure</p> <ul style="list-style-type: none"> <li>• It was suggested that the form is made available in different languages and in ‘easy-read’ format for people with learning disabilities. This can also be useful for people whose first language is not English.</li> <li>• It was suggested that the wording considering the timing of making the resuscitation decision (ideally within the first 24 hours and reviewed depending on condition) should be specified on the document.</li> <li>• It was suggested to re-phrase the sentence “unfortunately most resuscitation will be unsuccessful”.</li> <li>• Rights of the patient should be included and referred to in the brochure. Embedding the Korero Mai (Patient Escalation) service or include a reference to patient rights within the brochure was also suggested.</li> </ul>			
7	6 November 2019	<p>Quality and Risk Reporting</p> <ul style="list-style-type: none"> <li>• It was suggested by the members that that the complaints process brochure be available in different languages and in ‘easy-read’ format.</li> </ul>	Jacky Bush		<p>The complaint process brochure is currently available in English, Chinese and Korean. Translations in to Maori and Pacific languages is in progress.</p> <p>We are looking into how to develop an easy read format, ensuring that it contains all the appropriate information</p>
8	6 November 2019	<p>Health Literacy Programme Update and suggested next steps</p> <ul style="list-style-type: none"> <li>• It was suggested that the concept of Health Literacy should be treated as a two-way street wherein the understanding of health-related information should be the responsibility not</li> </ul>	Leanne Kirton/David Price		Verbal update was provided on the 2 September 2020 meeting of the Consumer Council

		<p>only of the patient but also of the provider.</p> <ul style="list-style-type: none"> <li>• The members suggested that the programme also focus on equity. This is on-going work and can be a priority for next year.</li> <li>• It was suggested that the programme focus on specific areas. Pharmaceutical safety was proposed to be a priority area particularly ensuring that patients are able to understand the proper use of medication as this influences patient outcomes.</li> <li>• It was also suggested to consider a ‘whole-of-New-Zealand’ approach wherein partnerships with Ministry of Education and other agencies can be explored to educate consumers before accessing the services (for example in schools) or to learn about diseases and conditions with the aim of disseminating information.</li> <li>• Members suggested exploring other ways of communicating and disseminating information particularly using videos on YouTube to reach and engage more consumers, using QR codes that will link to a specific page on the Waitematā DHB website as well as to make the website user-friendly and easier to navigate.</li> <li>• The programme will also explore the possibility of having the Consumer Council co-present at the next Health Literacy Symposium (scheduled in 2020).</li> <li>• It was also suggested that a ‘Teach Back’ methodology should be used with patient conversations to ensure that patients understand what is being said – rather than using ‘closed’ questions.</li> </ul>			
9	19 February 2020	<p>Consumer and Whānau Advisory Team – Lived Experience Leadership</p> <p>The Council’s feedback and suggestion were sought on increasing engagement and cooperation with the consumer council.</p> <ul style="list-style-type: none"> <li>• A suggestion was made to consider people with intellectual disabilities on the team’s plans and workstreams.</li> <li>• The council members also extended an invitation to the Senior</li> </ul>	Dean Manley		To be scheduled at a future meeting

		<p>Management Team of the Specialist Mental Health and Addictions Team to attend a future meeting of the consumer council to link and discuss areas of collaboration.</p> <ul style="list-style-type: none"> <li>• A section on Mental Health Services was requested to be incorporated into the next Patient Experience Report with particular focus on statistics for Māori and Pacific and quality improvements in place.</li> </ul>			
10	19 February 2020	<p>Outpatient Experience</p> <p><u>Information for Outpatients</u></p> <ul style="list-style-type: none"> <li>• Form is helpful and informative, however, consumer lens need to be applied and will need to be developed within the health literacy policy. It was also suggested to consider 4Q's (questions) to ask the clinicians (<i>Do I really need it?; What are the risks?; Is there a safe option?; What will happen if I don't have the procedure?</i>). This is in line with the HQSC's 'Choosing Wisely' Programme.</li> <li>• In line with the HQSC's 'Choosing wisely' the patients should be made aware that they have options and this should be promoted or made explicit to the patient.</li> <li>• A checklist for clinicians should also be developed. A clinician's checklist aligned with the Outpatient's checklist could also be developed (for example 4Q's key takeaways for patients).</li> <li>• Easy-read format (with more visual messages/pictures) should also be considered for information to be given to patients. This will address needs of patients with intellectual, visual as well as language barriers.</li> </ul> <p><u>The appointment process</u></p> <ul style="list-style-type: none"> <li>• There are different appointment systems adopted between NSH and WTH which could make it difficult for patients to navigate.</li> <li>• There is also inconsistency in terms of advice and information given on phone calls. This could be very confusing to older people.</li> <li>• There should be a consideration of convenience and</li> </ul>	David Price		<p>New information brochure has been designed by Waitakere Healthlink – this brochure goes out with all outpatient letters and emails – provides the questions for prompts and other information about parking and public transport.</p> <p>New outpatient governance team has been created to explore and progress other Consumer Council recommendations. Two consumer council members are on this group (Ngozi Penson and Kaeti Rigarlisford)</p> <p>Contact centre business case is in draft.</p>

		<p>accessibility to patients when setting schedule of appointments and location of appointments.</p> <ul style="list-style-type: none"> <li>• The council provided examples of community members given appointments that do not consider a patient's condition (letters too small for patients with visual impairment/issues, appointments set over the phone for elderly patients, more youth-friendly approach to language for youth patients). Appointment letters and discussion with patients should consider these aspects.</li> <li>• A suggestion was made to look into a process where in the clinical team can record a patient's needs during their appointment and a system that can capture this, so that in future appointments, the system will prompt clerical staff with this information when making calls or preparing letters - this could enhance patient experience.</li> <li>• Suggestions were also made into providing automated copies of letters to carers, whānau or support persons for patients with disabilities and/or language barriers.</li> <li>• A suggestion was made to highlight if a response is required from the patients on appointment letters. This will make it clearer for patients if there is a need to respond. This may reduce possibility of missing or inadvertently cancelling appointments by missing 'to respond' 'messages.</li> </ul> <p><u>During the appointment</u></p> <ul style="list-style-type: none"> <li>• There is a need to recognise the condition of the patient and the relationship. Patient could be confused and/or scared, as such, delivery of the message should be with empathy. Clinicians should also ensure that the patient has understood what has been communicated.</li> <li>• The need for continued staff training on cultural competency was also highlighted. There was also a suggestion to consider utilising the volunteer ushers in the hospital as support persons or a Kaumatua to assist patients during and after an appointment.</li> <li>• 'SOS cards' are given to patients. This will enable them to call</li> </ul>			
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		<p>in, if their condition changes prior to their next appointment.</p> <p><u>After the appointment</u></p> <ul style="list-style-type: none"> <li>• A letter (digital or paper based) to be provided to the patients similar to a discharge summary for in-patients was suggested. The challenge however for this is ensuring that this summary would be useful to patients as information is currently 'designed' for GPs. While a patient's GP could assist in providing more information, this is a barrier for patients who are not registered to a GP or attend their GP regularly.</li> <li>• In relation to the above, it was suggested that a consideration is made for a 'contact centre' for outpatients wherein they can ask questions if there are aspects of the letter they do not understand.</li> </ul>			
11	18 March 2020	<p>Expectation from the Complaints Process</p> <ul style="list-style-type: none"> <li>• The DHB should consider other platforms to receive feedback (not in writing/spoken and in other languages). It was confirmed that the DHB utilises the translation services to assist in complaints received in various languages.</li> <li>• It was also good to track Compliments since it can boost staff morale. There is also a need to look into the use of the word 'complaint' as culturally, it can discourage Pacific people to put forward their comments about the service received.</li> <li>• The Council offered that they can provide their feedback as well on future surveys.</li> </ul>	Jacky Bush	28 July 2021	<p>We are reviewing the website to make more user friendly, including increasing the use of Reo Ora</p> <p>We track compliments received and these are always sent to the relevant service. We use the word Feedback rather than complaints e.g. the Feedback Team</p> <p>An update relating to feedback and complaints received will be provided by the Quality Team in the July 2021 meeting</p>
12	18 March 2020	<p>Last days of life in WDHB hospitals : Te Ara Whakapiri</p> <ul style="list-style-type: none"> <li>• Negotiation and continued discussion with the patient and family is important and can be empowering for the whānau. It is understood that preferences and needs may change so the service should also be flexible inn addressing those needs.</li> </ul>	Penny Andrew		This work has been completed and recommendations were provided to the Clinical Governance Board. Work is underway for the establishment of an end of life care programme



		<ul style="list-style-type: none"> <li>The ACE Chart could be used with color-coding so it will be easier for the clinicians to pick up goals that require intervention or escalation. Emily noted that this will particularly be useful in the electronic version of the document.</li> <li>DJ Adams, Kaeti Rigarlsford and Ravi Reddy noted their willingness to participate in the on-going discussion of the End of Life Care. The Council members will also submit further comments on the process (if any) to the DHB.</li> </ul>			<p>overseen by a steering group. The end of life care programme will include last days of life care and Te Ara Whakapiri. An update will be provided to the Consumer Council once a draft is ready.</p>
13	18 March 2020	<p>Agreement to Treatment / Consent Form</p> <ul style="list-style-type: none"> <li>The form should come in 'easy read', accessible and options for other languages. David Price also clarified that the Asian Health Services team provide translation/interpreting support 24/7 when needed.</li> <li>The consenting procedure should consider cultural sensitivity particularly in involving the patient's family/whānau to be involved in the process.</li> <li>It was suggested to look into the wordings in the form to be simplified as it may not be properly understood, can have different/subjective meanings to the patients. The words recommended to be reviewed are as follows: <ul style="list-style-type: none"> <li>In the first bullet "<i>I have had adequate opportunity...</i>", the word 'adequate' is complex and can mean different things to the patient.</li> <li>In the second bullet, "<i>...there maybe other procedures undertaken...</i>", the word 'procedure' may not be understood by the patient.</li> </ul> </li> <li>In relation to the process, the council noted that delivery of the form is also critical. The form should be provided by staff who are able to communicate in a culturally sensitive manner (possibly using humour when appropriate) and ensuring that the patient has understood the process.</li> <li>The Council members will also submit further comments on the process (if any) to the DHB.</li> </ul>	<p>Dr Michael Rodgers Dr Jonathan Christiansen</p>		<p>The new form was amended following the Council input, including detailed review by external language experts to simplify the content wherever possible. The revised Agreement to Treatment form (attached) is the final element in the overall process of informed consent. Most of the key elements of that process are broader and require more patient and whanau engagement than is captured in a single form. Services are putting considerable effort into ensuring resources are appropriate for patients to facilitate the informed consent process prior to the form being actually signed. Further consultation on the new form is planned in the second part of 2021, gathering information from patients, whanau, clinicians and others as to how the new form is working and what opportunities there are for further improvements. The Board has expressed a strong interest in</p>

					providing feedback to that process, and the Consumer Council will be part of the process.
14	10 June 2020	<p>Choosing Wisely Aotearoa</p> <ul style="list-style-type: none"> <li>• A need to empower patients and whānau was discussed as this becomes a barrier for robust discussion.</li> <li>• Patient-led framework of the programme will depend on the perception of the patient. A collegial approach to treatment may contribute to the patient being more involved in making an informed decision. There is a perception that clinicians are more knowledgeable and thus patients are not comfortable to ask questions for further discussion. There is a need to encourage discussions by the clinicians and to make it a standard operating procedure. This will also be in-line with the “clinician-led’ principle of the campaign.</li> <li>• Other points highlighted in the discussion: <ul style="list-style-type: none"> <li>- Attitude towards disability. It should not be a barrier for robust discussions.</li> <li>- Include in discussions alternative treatment options if any.</li> <li>- Language and lack of understanding of the health system could also become a barrier for patients to make informed decisions.</li> <li>- Clinicians need more training/education around ‘appropriate care’ and this should be agreed between the clinician and patient.</li> <li>- There is also a perception by patients/whānau that a visit to a GP warrants a prescription. There is a need for a ‘shift’ from this perception.</li> </ul> </li> <li>• The following members expressed their interest in involvement on future work of the DHB related to Choosing Wisely: Lorelle George, Vivien Verheijen, DJ Adams, Ian Ramos, David Lui, Ngozi Penson and Kaeti Rigarlford.</li> </ul>	Penny Andrew		i3 has completed project scoping in January 2021 however project is currently on-hold. Further updates will be provided when available

15	22 July 2020	<p>Consumer Engagement and Māori patient experience initiatives</p> <ul style="list-style-type: none"> <li>• The need to address the ‘power imbalance’ between the patient and clinician. Clinicians should change the view from ‘patient’ to an ‘individual’ to remove fear and facilitate person-centred conversations.</li> <li>• To establish work collaboration on future initiatives with the Consumer Council</li> </ul>	Allanah Winiata-Kelly/ David Price		Update provided in the Consumer Council meeting of 5 May 2021
16		<p>Waitematā Website Wish List Development</p> <ul style="list-style-type: none"> <li>• It was noted that the new website should be able to accommodate updated information that is needed by the community. It should be accessible, provide options for languages and easy ready versions. It was also noted by some that content in the desktop version of the website can also differ when viewing on the mobile. These are all being considered in the new website.</li> <li>• It was suggested that while the DHB is still unable to implement a website that will have language navigation and translation, contact details of the DHB’s translation services are posted in the website so that the service could assist users or direct them to where they could find information they require.</li> <li>• It was suggested that a consumer working group be set-up to look into the navigation and functionality of the website being developed. It was noted that the aim is to have a test-environment website developed by September 2020.</li> <li>• The Council noted their willingness to support the working group and to provide inputs on proposed content of the website.</li> </ul>	Sharon Puddle/ Matthew Rogers		Project currently on-hold
17	22 July 2020	<p>Telehealth</p> <ul style="list-style-type: none"> <li>• It was suggested to look into patient needs and condition when booking telehealth appointments. Some patients may have hearing and other disabilities that will hinder an effective discussion.</li> <li>• It was also suggested that on-line booking should be</li> </ul>	Kelley Bohot		Update provided on 02 September 2020 meeting. See Item #20

		<p>integrated when providing telehealth option. The ability to change the appointment should also be possible.</p> <ul style="list-style-type: none"> <li>It was noted that the Consumer Council could assist in providing inputs to change the patient booking process to be more patient-focused and responsive to user needs.</li> </ul>			
18	02 September 2020	<p>Presentation: Consumer Engagement</p> <ul style="list-style-type: none"> <li>Noting that there is a lack of consumer advocacy group for North Shore and Rodney community (similar to Waitakere Health Link), it was suggested that the DHB looks into how to better engage with communities from these areas.</li> <li>The Chair and the rest of the council noted the gaps and raised their concern as a result of the long-standing vacancy of the Community Engagement Manager position. The Council requested that the Planning and Funding Team look into the immediate appointment of this position.</li> </ul>	David Price		Consumer Engagement Advisor role was recently advertised but recruitment currently unsuccessful
19	02 September 2020	<p>Presentation: Facilities Update</p> <ul style="list-style-type: none"> <li>Highlighting the importance of consumer input at the early stages of the design, the Council noted the need for a robust and established process to be put in place to secure feedback from consumers. This could be through securing general inputs from consumers or via the Consumer Council.</li> <li>Dr Dale Bramley provided some general notes related to facilities noting the value of consumer input on projects and how this could be incorporated in the process. It could be a work of 'sub-group' of the Consumer Council. An initial focus could be for projects that will directly benefit patient experience such as whānau accommodation and the marae.</li> </ul>	David Price Matthew Knight Chris Cardwell		An update was provided to the 25 November 2020 and 3 February 2021 meetings. Sub-group initial meetings has been set-up and are underway.
20	02 September 2020	<p>Telehealth</p> <ul style="list-style-type: none"> <li>Recommendations from the Council included more system integration, using cloud-based systems and/or integrating systems in a mobile device instead of a computer. Patient outcome and preference should be a priority consideration.</li> <li>The Council also provided suggestions on the collection of</li> </ul>	Kelly Bohot		Update to be provided in a future meeting

		<p>validated emails. These include sending of opt in email, sending letters by post, securing email addresses from e-referrals, calling patients, establishing a process where results will be emailed to the patient and registering emails when connecting to the free Wi-Fi spots in the DHB premises. As there are some people who may not be technologically adept, family members could also be considered subject to privacy regulations. The importance and advantages of providing a valid email address should be highlighted when communicating to patients.</p>			
21	14 October 2020	<p>Informed Consent: Gynaecology Patient Information Package</p> <ul style="list-style-type: none"> <li>• Videos are under three minutes and will be provided with sub-titles. Following the suggestion from the group, the service will look into working with WATIS to provide videos with voice-over in different languages.</li> <li>• Ensuring that the information provided on all platforms (video, leaflet and webpage) are consistent.</li> <li>• Informed consent is secured from patients booked for surgery. In response to a query, i3 is working collaboratively in relation to other projects related to patient focused booking. At the moment, there is no plan to integrate the platform for the outpatient booking process with informed consent but this will be looked into in the future.</li> <li>• It was suggested that pamphlets and information on website should come in simplified text, easy-read, in plain language and imagery should be consistent with the text. Information package should also consider patients with learning disabilities.</li> <li>• In response to the recommendation to look into the diversity of the project team to ensure representative outcomes, it was noted that the project team is diverse and represent different background and skills; however, it currently does not have Māori representation in the team.</li> </ul>	<p>Lisa Sue / Marlè Dippenaar/Dr Fiona Connell</p>		<p>An update on the process and sample information materials for Gynaecology Patient information was provided at the meeting 17/03/2021. See Item #25. Similar approach will be rolled out to other services.</p>

22	14 October 2020	<p>Auckland Regional Dental Service (ARDS) : Effective Communication and Community Engagement to Promote Equity in Accessing Children’s Dental Services</p> <p>Suggestions received from the group to help improve access included:</p> <ul style="list-style-type: none"> <li>• Removing cost barrier. This could be through sending of text messages and the parent/caregiver being able to respond free of charge. Service could look into software or website links where they could also provide response.</li> <li>• Removing time barrier by providing late service to 8pm. There was a suggestion to look into providing weekend clinics. It was noted that this was previously considered and the downside is the reduction of capacity during weekdays.</li> <li>• Removing the language barrier by simplifying the COVID-19 screening questionnaire. Questionnaire should also be translated to different languages. The screening questionnaires will be sent to the Consumer Council for further comment. It was noted that a barrier to translating the screening questionnaire was due to funding of translation. David Price suggested a discussion with ARDS on these barriers for resolution.</li> <li>• To advise caregiver or parent timeframes where they could expect calls as some may not have access to their phones while working.</li> <li>• Engagement should be treated as a collective effort with the rest of the community. Community engagement coordinator role could look into using messaging via community houses, notice boards, churches, markets and other community events which could provide greater venue and avenue for engagement.</li> <li>• Consider plans to better engage children about oral care such as providing small incentives such as stickers and badges and joining school assemblies.</li> </ul>	Frances Cullinane		Update to be provided in a future meeting
23	14 October 2020	<p>Disability: General Discussion</p> <ul style="list-style-type: none"> <li>• There was a consensus from the group that the Disability e-</li> </ul>	Samantha Dalwood	28 July 2021	An update is scheduled for 28 July 2021 meeting

		<p>learning module should be offered as continuous learning (not just as one-off to 'tick the box') that will focus on practical tips and how learning could be applied in different situations or settings.</p> <ul style="list-style-type: none"> <li>• To consider unconscious bias (a result of experience) and that on-going learning may help in addressing it. There should also be recognition of other biases such as gender and age.</li> <li>• Other training suggested include programmes that will cover topics on disability beyond the physical sense, to be mindful of behaviour, mental health and learning disabilities. A survey to staff on training/modules that will best benefit their work was suggested.</li> <li>• It was noted that there is also a need to revisit how people with disabilities are employed to look into what they are able to do and through apprenticeship. An example of this is Project SEARCH in the United States which has been successful in securing employment for people with disabilities. This would support 'normalisation' of disability in the workplace. There is work by the DHB related to employment of people with disabilities.</li> <li>• The DHB will look into reviewing and understanding its current workforce, undertaking job carving, reviewing the selection process and identifying potential barriers to employment of people with disabilities.</li> </ul>			
24	3 February 2021	<p>Waitakere Hospital Development: Community Support</p> <ul style="list-style-type: none"> <li>• David Lui noted that a combined rather than fragmented community advocacy will provide the push and momentum that may be needed for the project. He suggested working with the community groups including local board, churches, NGOs and key personalities. The Consumer Council members could assist in this space through their communities and contacts.</li> <li>• Community forum held previously was well received. There is great interest from the community and Waitakere Healthlink could also assist in this initiative. It was noted that advocacy by key people who are not part of the DHB could be more effective.</li> </ul>	Maggie Broome		<p>Presentation on Waitakere Hospital Development made to the Consumer Council at its meeting of 5 May 2021. A policy to consider consumer input on the onset of every capital and facilities project was recommended. The Board Chair and Consumer Council Chair will discuss the best approach to progress this recommendation.</p>

		<ul style="list-style-type: none"> <li>A background of the Waitakere hospital development plan was requested.</li> </ul>			
25	17 March 2021	<p>Gynaecology Patient Information (Update)</p> <p>The group provided the following comments and feedback on the materials provided in the paper:</p> <ul style="list-style-type: none"> <li>Acknowledged Gynaecology Service webpage in particular the use of simple language, images and video.</li> <li>Noted the importance of the consistency of information on the flyers and the video resources available. Attendance of student trainees is not clarified on the information pack.</li> <li>Reconsider the use of background music (volume and when there are people speaking on the video)</li> <li>Translation of videos including sub-titles and readability of sub-titles.</li> <li>Use of precise language. An example was given for the word 'doctor' as this could be construed by the patient as their general practitioner. Additional words may need to be defined/simplified or reviewed such as 'gynaecologist' and 'fellows'. Recognising the use of simpler language for people with disabilities including availability of easy-read' versions were noted.</li> <li>To include information on alternative options or if the patient chose not to undergo with the procedure/ recommended care.</li> </ul>	Marlè Dippenaar		Updates following the meeting were provided and endorsed by to the Consumer Council. Similar approach will be rolled out to other services.
26	25 March 2021	<p>Review Older Adults Service Core Values and Principles</p> <p>The group provided the following comments and feedback on the Service Core Values and Principles:</p> <ul style="list-style-type: none"> <li>Emphasis on respect and dignity and that 'advocacy for older adults' as core principle were noted. The three principles of 'Patient-Directed Inter-Disciplinary Care', 'Timely and Proactive' and 'Expert, Comprehensive, Iterative Assessment' could follow from the overarching principle of 'Advocacy for Older Adults'.</li> <li>It is understood that a holistic approach to service delivery is envisioned but not currently translated in the document. The use of Te reo Māori such as manaaki and manakitanga and to reflect recognition of the 'heart' and 'soul' of the patients.</li> </ul>	Dr Cheryl Johnson David Wilson		Update to be provided in a future meeting



		<ul style="list-style-type: none"> <li>• The importance of the use of language was highlighted in particular to recognise autonomy of the person from the whānau was suggested.</li> <li>• For the service framework to consider support to be provided for patients and whānau in the event that they do not agree/will not proceed with care recommendations.</li> <li>• DJ Adams, Kaeti Rigarlsford and Lorelle George offered on-going feedback as with the rest of the Consumer Council should the service require it.</li> </ul>			
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## **5. OTHER BUSINESS**

- 5.1 Community concerns
- 5.2 Agenda for next meeting